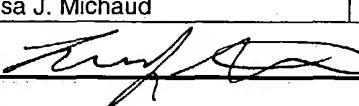


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17302 U.S. PTO
10/629978
07/30/03

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 022956-0234		
		First Inventor	Dennis McDevitt	
		Title	SELF-LOCKING SUTURE ANCHOR	
		Express Mail Label No. EV324849015US		
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed Sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Sheets 5] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		
ACCOMPANYING APPLICATIONS PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [when there is an assignee] <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations] 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <i>Applicant must attach form PTO/SB/35 or its equivalent.</i> 17. <input checked="" type="checkbox"/> Other: <ul style="list-style-type: none"> - Check in the Amount of \$876.00 - Application Title Sheet - Revocation of Prior Power of Attorney and Appointment of New Power of Attorney (copy from prior application) (3 pages) 				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 10/375,389 Prior application information: Examiner P. Vrettakos Art Unit: 3739				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021125 or <input checked="" type="checkbox"/> Correspondence address below		
Name	NUTTER MCCLENNEN & FISH LLP Lisa J. Michaud			
Address	World Trade Center West 155 Seaport Boulevard			
City	Boston	State	MA	
Country	US	Telephone	(617) 439-2550	
Name (Print/Type)	Lisa J. Michaud		Registration No. (Attorney/Agent)	44,238
Signature			Date	July 30, 2003

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PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 876.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	July 30, 2003
First Named Inventor	Dennis McDevitt
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	022956-0234

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account					3. ADDITIONAL FEES				
Deposit Account Number		141449			Large Entity	Small Entity			
Deposit Account Name		Nutter McClellan & Fish LLP			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
<p>The Director is hereby authorized to: (check all that apply)</p> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description		Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
1001	750	2001	375	Utility filing fee		750.00			
1002	330	2002	165	Design filing fee					
1003	520	2003	260	Plant filing fee					
1004	750	2004	375	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
				SUBTOTAL (1)	(\$)	750.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Total Claims		27		Extra Claims	Fee from below	Fee Paid			
				7	x 18.00	126.00			
Independent Claims		3		-20** =					
				3** =		0.00			
Multiple Dependent									
Large Entity		Small Entity		Fee Description					
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
1202	18	2202	9	Claims in excess of 20					
1201	84	2201	42	Independent claims in excess of 3					
1203	280	2203	140	Multiple dependent claim, if not paid					
1204	84	2204	42	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
				SUBTOTAL (2)	(\$)	126.00			
<small>**or number previously paid, if greater. For Reissues, see above</small>									
<small>*Reduced by Basic Filing Fee Paid</small>									
<small>SUBTOTAL (3) (\$ 0.00)</small>									

SUBMITTED BY					
Name (Print/Type)	Lisa J. Michaud		Registration No. (Attorney/Agent)	44,238	Complete (if applicable)
Signature			Date	July 30, 2003	

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